

# UNIFORM BUSINESS REPORT (UBR)

*Amend*

APPROVED  
AND  
FILED

02 JUN 19 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000061787**  
1. Entity Name  
**Monez Properties, Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
21 260 Ridlewood Road 260 Ridlewood Road  
Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

City & State 27 City & State  
23 Key Biscayne FL Key Biscayne, FL  
Zip County 28 Zip County  
24 33149 25 Miami-Dade 33149 Miami-Dade

4. FEI Number Applied For  
65-0690602 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Monica de Gomez  
260 Ridlewood Road  
Key Biscayne, FL 33149

81 Raul J. Sanchez de Varona  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1320 South Dixie Highway, Suite 280  
84 Coral Gables FL 33146

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE *[Signature]* Raul J. Sanchez de Varona  
Signature (Typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so  FILE NOW!!! FEE IS \$130.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May be added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Felipe Ardila 260 Ridlewood Road Key Biscayne, FL 33149 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000005767120--8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, or on attachment with an address.

SIGNATURE *[Signature]* Felipe Ardila by Raul J. Sanchez de Varona as attorney-in-fact  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devline Phone #

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

DATE: 06-14-02

NAME: MONEZ PROPERTIES, INC.

TYPE OF FILING: UBR UPDATE

COST: *61.25*

RETURN:

RECEIVED  
02 JUN 19 PM 2:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 JUN 14 AM 11:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE  
*Abbie Hodge*